

		Aortic Stenosis (A.S.)		Aortic Regurg (A.R.)			
■ Etiology :		• Congenital .. طفل • Rheumatic Fever .. متوسط العمر • Calcification .. عجوز		أسبابه كتييرة • The COMMONEST Cause in Egypt is Rheumatic Fever			
■ Clinical	■ H/O :	• Low COP .. up to Syncope (دوخة وزغللة)		• Palpitation (حاسس ب رفرقة)			
		• then, ANGINAL PAIN .. for a Long Period * if Left Ventricular FAILURE occur → Dyspnea (كرشة نفس ونهجان) but it's <u>VERY LATE</u>					
	■ General Examination :	*here, it's Useless		★ Peripheral Signs of A.R. (إذا لقيتهم .. تعرف بيهم تشخيص الحالة ع طول)			
	■ Local Examination : (Inspection, Palpation & Percussion)	*here, it's Useless • Apex → Sustained Apex		• Apex → Hyper-dynamic Apex (Volume Overload) • Aortic Pulsations Dancing Pericardium			
		* if Left Ventricular DILATATION occur → Apex will Shifted Outward & Down					
	■ Auscultation :	• Normal Sound	S2 : ↓ Muffled (بس مش شرط)		Normal (بس ديه آراء آراء .. في كتب كاتبة حجات مختلفة)		
		• Murmur					
			★ MURMUR جداً سهل		صعب جداً MURMUR Early Diastole Soft Blowing Murmur (شبه صوت النفس) 2nd Aortic Area ✗ لما العيان : يميل لـ قدام .. أو يخرج نفسه قول لـ العيان .. خرج نفسك (++) .. وأكتم (عشان النفس) : *Precaution		
			• Time	Mid Systolic (Systolic Ejection)			
			• Character	Harsh			
• Site			1 st Aortic Area				
• Propagation		To Carotid & to Apex .. (طالع نازل)					
• ↑↑ by	لما العيان : يميل لـ قدام .. أو يخرج نفسه						
N.B. The SEVERITY of the Disease is Detected by <u>Length of Murmur</u> & <u>Intensity of S2</u>							
• Additional Sounds	—		—				
■ Complication		Search for A.F. & Pulmonary HTN in The Cases					
■ Investigations		by Scheme					
■ Treatment		by Scheme					
■ Oral Qs		• The Most Common Cause of A.S. in Egypt is Rheumatic Fever • The Most Common Cause of A.S. in the World is Congenital		• How Dose the Case could be Isolated A.R. while the Etiology is Rheumatic Fever ? - maybe it is One of the Rare % of Rh. Fever - maybe it is Isolated in Auscultation .. but in ECHO it's Double Leision			
		• The Best Investigation is ECHO & DOPPLER		• The Best Investigation is ECHO & DOPPLER			
		• The Assessment of Severity is done by Pressure Gradient (ABP) “if More than 50 Difference >> it's Severe ”		• The Assessment of Severity is done by its Effect on the Lt. Ventricle - for Degree of Dilatation (Dimensions) & for Function (Ejection Fraction)			
		• The Initial Starting Treatment for these Cases is PROPHYLACTIC (Prevention of Rheumatic & IEC) “حسب الحالة فيها أيه”					
		• The Treatment of Angina is Sub-Lingual Nitrate (ياخد القرص وهو قاعد)		• The Treatment Which Improves the Regurg is Small Dose of Vaso-Dilator (Captopril)			
		• The Patient Can go for Interventional Treatment with 2 Conditions must be fulfilled is the Lesion is Isolated & Non-Calcified → Balloon-Aortic-Valvo-Plasty (بس نتأجه وحشة)		• The Patient Can NOT go for Interventional Treatment			
				• The 2 Infection Diseases Could Cause A.R. are Syphilis & Infective Endocarditis			
				• in A.R. Cases Which Joints Do You Prefer to Exam for Diagnosis ? • Peripheral Joints : - Big Joints .. for Rheumatic - Small Joints .. for Rheumatoid or Marfan \$ • Axial Joints : for Ankylosing Spondylitis			

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